

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



December 11, 1986

ALL-COUNTY INFORMATION NOTICE NO. 1-114-86

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY GAIN COORDINATORS

SUBJECT: REQUEST FOR A GAIN THIRD PARTY ASSESSMENT FORM (GAIN 32)

This notice is to inform you that stock of the "Request for GAIN Third Party Assessment" form (GAIN 32) is available through the normal forms ordering process from the State Department of Social Services (SDSS) warehouse. A copy of the form is enclosed.

This form may be used by counties to request a third party review of an assessment when a participant and the county welfare department are unable to reach agreement on the employment plan. A substitute form is allowable upon approval by SDSS. Substitute forms must be submitted to your GAIN County Operations analyst for approval.

The form should be completed by the GAIN participant's case worker and must contain all the specified information. Copies of the completed form must be given to the participant and the contracted assessor (if applicable), with a copy being retained by the welfare department.

If you have any questions about the form, please contact your Operations Unit analyst of the GAIN Implementation Bureau at (916) 324-6962.

*Carl B. Williams*

CARL B. WILLIAMS  
Deputy Director  
Employment & Community  
Services Division

Attachment

cc: CWDA

**REQUEST FOR A GAIN THIRD PARTY ASSESSMENT**

**INSTRUCTIONS:** CWD completes three copies, four if contracted assessor is involved. A brief statement of the nature of the dispute shall be entered below the name and addresses of the parties involved. Case worker and GAIN participant must sign and submit original to GAIN Third Party Assessor. A copy is given to the GAIN participant, contracted assessor if applicable, and a copy is retained by the CWD.

COUNTY WELFARE DEPARTMENT			PHONE NUMBER	
CASE WORKER (CONTACT PERSON)			CASE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE	
COUNTY CONTRACTED ASSESSOR (IF APPLICABLE)			PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE	
GAIN PARTICIPANT			PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP	

A GAIN Third Party Assessment is requested by the above parties.

REASONS FOR THE REQUEST

You have the right to get legal advice during this process. If you need help, you can contact your legal aid office at the address below:

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CASE WORKER SIGNATURE	DATE
GAIN PARTICIPANT SIGNATURE	DATE